

DEPARTMENT OF THE NAVY  
Bureau of Medicine and Surgery  
2300 E Street NW  
Washington DC 20372-5300

BUMEDINST 6320.72  
BUMED-31  
21 February 1996

**BUMED INSTRUCTION 6320.72**

**From:** Chief, Bureau of Medicine and Surgery  
**To:** All Ships and Stations

**Subj:** NONNAVAL HEALTH CARE  
PROGRAM

**Ref:** (a) NAVMEDCOMINST 6320.3B  
(b) MILPERSMAN 4210100  
(c) Enlisted Transfer Manual,  
NAVPERS 15909D (Chapter 4)  
(d) NAVMEDCOMINST 6810.1  
(e) SECNAVINST 1000.10  
(f) OPNAVINST 6000.1A  
(g) NAVMEDCOMINST 6300.8  
(h) BUMEDINST 6670.2  
(i) NAVCOMPT Manual, vol. 7,  
article 075183  
(j) MANMED chapter 18  
(k) DoD 6010.8-R of 12 Jul 91  
(NOTAL)  
(l) Public Law 99-591 (NOTAL)

**Encl:** (1) Nonnaval Health Care Program  
Policy and Procedures Guide  
(2) DD 149 (Rev. 4-90), Application for  
Correction of Military Record  
Under the Provisions of Title 10,  
U.S. Code, Section 1552

**1. Purpose.** To establish policies and procedures that active duty Navy and Marine Corps members must follow to obtain inpatient and outpatient medical and dental care from nonnaval sources worldwide. Sources of care, in addition to civilian facilities include Department of Veterans Affairs (DVA) medical centers and clinics, Army, Air Force, and North Atlantic Treaty Organization (NATO) treatment facilities and clinics.

**2. Cancellation.** NAVMEDCOMINST 6010.3 and NAVMEDCOMINST 6320.1A.

**3. Background**

**a.** Active duty Navy and Marine Corps members, including Reserves performing Naval

Reserve duties, periodically require health care from nonnaval sources. The Nonnaval Health Care Program helps members receive the care they need and helps pay the cost of this care.

**b.** This program provides guidance, pre-approves certain care, ensures medical and dental cognizance over active duty members hospitalized in a nonnaval health care facility, adjudicates, and pays medical and dental bills.

**c.** Navy and Marine Corps members serve in areas of the world where Navy medical and dental services are not always available. Nevertheless, it is the responsibility of the naval Medical Department to ensure that the health of active duty Navy and Marine Corps members is maintained. To that end, the policies, rules, and regulations of this instruction are designed to assure health care is readily available to those who need it.

**d.** The Nonnaval Health Care Program is under the direct management of the Officer in Charge, Naval Office of Medical and Dental Affairs, P.O. Box 886999, Great Lakes, IL 60088-6999. The short title for this organization is MEDDEN Affairs.

**4. General Guidance.** Enclosure (1) outlines the procedures to obtain nonnaval health care and gives directions on when to use the program (i.e., emergency care), how to use the program, benefits authorized and unauthorized, and gives an overview of payment procedures. Enclosure (2) shall be used to update the health record following nonnaval care. References (a) through (l) are provided for information.

**5. Action.** Commanding officers and officers in charge must ensure that all members under their cognizance are briefed on the contents of this instruction. In an effort to provide a quality Nonnaval Health Care Program, it is vital that the information contained in this instruction become part of all command orientation programs.



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**6. Forms and Reports**

a. NAVMED 6320/10 (Rev. 6-94), Nonnaval Health Care Claim Form, S/N 0105-LF-018-1900 is available per CD ROM NAVSUP PUB 600(NLL).

b. SF 1164 (Rev. 11-77), Claim for Reimbursement for Expenditures on Official Business, NSN 7540-00-634-4356 is available from the Federal Supply System through normal supply procurement procedures.

c. DD 149 (Rev. 4-90), Application for Correction of Military Record is approved for local reproduction.

d. The reporting requirements contained in enclosure (1) are exempt from reports control by SECNAVINST 5214.2B.

**HAROLD M. KOENIG**

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NONNAVAL HEALTH CARE PROGRAM POLICY AND PROCEDURES GUIDE

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## NONNAVAL HEALTH CARE PROGRAM POLICY AND PROCEDURES GUIDE

## CHAPTER I

## ELIGIBILITY

1. Eligibility. Eligibility requirements are discussed in detail in reference (a) and are primarily based on a member being in a pay or duty status at the time of illness or injury. Specific requirements for this program are listed below:

a. Active Duty. Active duty includes Navy and Marine Corps members on full-time duty, over 30 days, in the active service of the United States. This includes full-time training duty; annual training duty; and attendance, while in the active military service, at a school designated as a service school by law, or by the Secretary of the military department concerned. It does not include members on full-time National Guard duty.

b. Reservists. Navy and Marine Corps reservists on active duty for:

(1) Training and inactive duty training, including leave and liberty therefrom, are considered to be in a duty status while performing Naval Reserve service. Eligibility includes the time while in direct travel enroute to and from active duty training (ACDUTRA) and to and from inactive duty training.

(2) Notice of Eligibility (NOE). Occasionally, a reservist is injured or becomes ill during a training period or while traveling to or from a training site, and requires medical or dental care after the training period for the injury or illness. The member's command should obtain an NOE from the Commander, Naval Reserve Force, 4400 Dauphine Street, Attn: OO6N, New Orleans, LA, 70146-5046, (504) 948-5706 or the Commandant of the Marine Corps, Attn: RAM-3, 2 Navy Annex, Washington, DC 20380-1775, (703) 614-5682. An NOE is a document which substantiates entitlement to a disability benefit equal to certain pay and allowances. An NOE does not automatically entitle a reservist to Nonnaval Health Care Program benefits. It does provide proof, however, that a member was injured or became ill on training duty, and substantiates potential program eligibility.

c. Naval Reserve Officer Training Corps (NROTC) Midshipmen. NROTC midshipmen, who are participating in an official NROTC activity, on or off campus, or who are on an official training mission, are eligible for limited program benefits.

d. Naval Academy Midshipmen. Midshipmen are entitled to program benefits to the same extent as regular active duty members.

Enclosure (1)

e. North Atlantic Treaty Organization (NATO) Naval Members. NATO Navy and Marine Corps members will first attempt to use military medical treatment facilities (MTFs) in the United States if available and time permits. Subject to the other requirements of this instruction, program funds are authorized for outpatient civilian care only for NATO Navy and Marine Corps members (NATO countries include: Belgium, Denmark, France, Germany, Greece, Iceland, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain, Turkey, and the United Kingdom). Reference (1) prohibits the provision of inpatient care to NATO members in the United States, at the expense of the United States Government. The other NATO nation, Canada, entered into a Reciprocal Health Care Agreement with the United States, which requires the United States to provide inpatient and outpatient care under the provisions of this instruction to members of the Department of National Defense of Canada who receive care in the United States.

f. Unauthorized

(1) A member in an unauthorized absentee (UA) status is not eligible for program benefits. The only exception to this policy occurs when a member's illness or injury is determined to have been the direct cause of the UA. Program eligibility returns for the purposes of authorization and payment of nonnaval health care claims upon completion of "constructive return" of the member. Constructive return may be accomplished through notification of the appropriate military authorities as outlined below.

(a) A Navy or Marine Corps activity informs a civilian provider of medical and dental care that the Navy accepts responsibility for a member's health care. The Navy or Marine Corps activity providing this information must also provide documentation of such notification to the appropriate adjudicating authority listed in appendix B.

(b) A member has been apprehended by civil authorities at the specific request of Navy or Marine Corps authorities and Navy or Marine Corps authorities have been notified that the member can be released to military custody.

(c) A Navy or Marine Corps member has been arrested while in a UA status by civil authorities for a civil offense, and a Navy or Marine Corps authority has been notified that the member can be released to military control.

Special Note: When a Navy or Marine Corps member has been arrested by civil authorities for a civil offense while in a UA status and the offense does not allow release to military control, constructive return is not accomplished. The individual

is responsible for all medical and dental care costs received before the arrest (while in a UA status) and the incarcerating jurisdiction is responsible for all medical and dental care costs incurred after the arrest.

(2) Under no circumstances are ex-service maternity patients eligible for civilian medical care at Government expense. They are authorized maternity care only in MTFs and on a space and resource availability basis.

(3) Program benefits cease as of 2359 of the day of release from active duty for officers, and upon receipt of a signed DD 214, Certificate of Release or Discharge from Active Duty for enlisted members. After that, a member may be eligible for DVA benefits. If a former member of the Navy or Marine Corps believes he or she has been separated with a documented medical problem and are requesting approval for program funds to pay for civilian care, the member must first petition the Board for Correction of Naval Records (BCNR) to change the date of discharge or release before approval for program benefits may be considered. The board may be petitioned by sending a completed DD 149 (Enclosure (2)) to: Board for Correction of Naval Records, Department of the Navy, Washington, DC 20370-5100.

(4) Civilians and Secretary of the Navy Designees are not authorized to receive program benefits.



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## CHAPTER II

## POLICY

1. Policy for Use of the Nonnaval Health Care Program. If an eligible member requires medical or dental care and a naval MTF or dental treatment facility (DTF) is not available, the member will use an MTF or DTF managed by the Army, Air Force, NATO, or a DVA medical center or clinic. When Federal or NATO facilities are not available, care may be obtained from private civilian sources under this instruction. If a civilian provider requires payment upon receipt of services, the member is personally liable for that payment. Dissolution of payment liability is completed only through the use of the proper adjudication procedures. The Navy can make a direct payment to civilian providers only if the health care was obtained following the policies and procedures of this instruction.

a. Emergency Care. In situations that require immediate intervention, such as acute psychiatric episodes, or to prevent the loss of life, limb, sight, body tissue, or to prevent undue suffering, the member is to seek emergency medical or dental care at the nearest medical or dental facility available, whether Federal or not.

b. Nonemergency Care. If a member requires routine medical or dental care and naval facilities are unavailable, initial application will be made to the nearest Federal facility as outlined in chapter III, paragraph 1b. In the event that a Federal facility is not available, the following applies:

(1) Civilian Providers. Given the nonavailability of Federal facilities, active duty Navy and Marine Corps members may use the services of civilian providers to obtain necessary medical care. For those members, within the Continental United States (CONUS), not already covered by a blanket approval, prior approval must be obtained from MEDDEN Affairs in nonemergency situations. Chapter III, paragraph 1b(1), delineates steps to follow to obtain prior approval.

(2) Blanket Approval Authority. Commanding officers or officers in charge (COs or OICs), located in areas remote from Federal treatment facilities (40 miles from hospitals, 20 miles from clinics), automatically have blanket approval for routine medical and dental care. Written requests for blanket approval authority are not required. However, it must be noted that blanket approval is only in effect in the area of a member's duty station.

(a) Blanket approval may be granted within the dollar limitations specified below:

1. Routine primary medical care at \$500 per episode. This includes initial consultations, followup office visits (including physical therapy), followup office visits or physician consults from emergency room visits, laboratory tests, X-rays, prescription medications, immunizations, and annual eye examinations if required.

2. Routine dental care which does not exceed \$500 per treatment encounter and \$1,500 per 12-month period. This includes diagnostic and preventive procedures, routine restorations, root canal treatments, extractions, temporary crowns, periodontal treatment, bite wing x-rays, full-mouth series periapical x-rays, and panoramic x-rays. Procedures necessary to relieve pain and suffering do not require prior approval. Prior approval is required for other dental care, including porcelain veneers, crowns, bridges, implants, and temporomandibular joint dysfunction (TMJ) treatments.

(b) Any nonemergency care received outside of the duty station location (i.e., leave, temporary additional duty (TAD), etc.) must have prior approval from MEDDEN Affairs.

(3) Contracted Care. Care at DVA medical centers and clinics is not routinely available to active duty members. Exceptions to this general rule include: emergency care, care provided through a memorandum of understanding (MOU) between the Department of Defense (DoD) and the DVA, and care under resource sharing agreements with local naval MTFs and DTFs or MEDDEN Affairs.

### CHAPTER III

#### PROCEDURES

1. Procedures for Use of the Nonnaval Health Care Program. The information contained may not be all inclusive; therefore, if additional information is required contact MEDDEN Affairs.

a. Emergency Care. In situations that require immediate intervention, such as acute psychiatric episodes, or to prevent the loss of life, limb, sight, body tissue, or to prevent undue suffering, the member is to seek emergency medical and dental care at the nearest medical or dental facility available, whether Federal or not. If care is sought at a civilian facility, the member will do the following:

(1) Bill Payment. Inform the staff that the Navy will pay the bill, but the hospital must bill the member who in turn will submit a claim through the appropriate channels (see chapter XI). The member will not tell the hospital staff that medical bills will be paid by the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). CHAMPUS is only authorized for eligible active duty family members, retirees, and their eligible family members. ACTIVE DUTY MEMBERS ARE NOT ENTITLED TO CHAMPUS.

(2) Admission Notice. If the member is admitted, he or she must advise the command of admission to a civilian facility. If the member is unable to perform the notification, the member must request that notification be made by the hospital staff.

b. Nonemergency Care. If a member requires routine medical or dental care and the command meets the requirements for blanket approval, the member must coordinate civilian health care with their Medical Department representative (MDR) following established guidelines. If a contract for care exists between the Government and a civilian facility, the member must seek care at the contract facility. Prior approval is required for care exceeding the established dollar amounts for blanket approval, when a member is on leave or TAD, or for any extended care in the civilian community.

#### (1) Prior Approval Procedures

(a) CONUS. Call MEDDEN Affairs at the following telephone numbers: DSN 792-3950, commercial (847) 688-3950, or toll free 1-800-876-1131. Requests can often be handled by telephone, but written requests may be required in some cases. When calling for prior approval, the following information will be required:

1. Member's name, SSN, and grade or rate.
2. Mailing address of command or duty station with phone number (voice and fax).
3. Diagnosis and treatment required.
4. Projected rotation date (PRD).
5. Place of treatment.
6. Duration of treatment.
7. Cost of treatment.
8. Distance, in miles, to nearest MTF or DVA.

Upon receipt of the telephone call or written request, MEDDEN Affairs will review the request and respond to the member via telephone, fax, or in writing. If the requested care is approved, the member will be given a prior approval control number, which must be included on the member's Nonnaval Health Care Claim Form, NAVMED 6320/10 (Rev. 6-94), appendix C, after services are received.

Special Note: Members, who fail to obtain prior approval for nonemergency civilian care will be held responsible for the cost of that care.

(b) OCONUS. Refer to appendix D for points of contact and follow the same general guidelines as given above for CONUS.

(2) Written blanket approval authority requests for prior blanket approval are not required. COs and OICs, located in areas remote from Federal treatment facilities (40 miles from hospitals, 20 miles from clinics), automatically have blanket approval for routine medical and dental care within established dollar limitations (see chapter II).

## CHAPTER IV

### NOTIFICATION

When an active duty Navy or Marine Corps member is hospitalized in a nonnaval health care facility anywhere in the world, official notification of that hospitalization is extremely important. Notify the Office of Medical and Dental (MEDDEN) Affairs at 1-800-876-1131. The primary objective is the rapid transfer of this information to the nearest military naval MTF which will assume medical cognizance over the patient. This will assure that the member is properly evaluated, stabilized, and cared for while planning the timely transfer to an MTF equipped to handle the member's medical problems.

1. Reporting Requirements. Active duty Navy and Marine Corps members have the primary responsibility, if medically able, to notify the nearest military authority and request their command be notified of their admission to a nonnaval health care facility. The member may also call MEDDEN Affairs at 1-800-876-1131. If the member is unable to perform the notification, the member is to request that notification be made by the hospital staff.

(a) Contact the parent command, MEDDEN Affairs, or the nearest naval facility by telephone. Naval military authorities notified of hospitalization of a member in a civilian medical facility will notify MEDDEN Affairs or the nearest naval MTF of the admission.

(1) CONUS. In CONUS, any Navy or Marine Corps facility may be used as a point-of-contact including Reserve centers, recruiting stations, and inspector-instructor staffs. In addition, contact MEDDEN Affairs at 1-800-876-1131 or (847) 688-3950, for all CONUS (including Alaska), Canadian, and Mexican admissions. MEDDEN Affairs will assign medical cognizance for case management to the naval hospital nearest the place of nonnaval hospitalization. MEDDEN Affairs will be notified by the most expedient means per the format examples shown in Appendix F.

(2) OCONUS. For OCONUS, contact the nearest U.S. Embassy, Consulate, or military installation. Appendix D lists Navy MTF points of contact located in foreign countries.

(b) Information Addressees. When sending notification messages, information addressees will include:

(1) On all messages. MEDDEN AFFAIRS GREAT LAKES IL// 03// and the appropriate personnel support detachment (PSD). The member's command (include both the gaining and the losing commands for members on PCS orders).

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(2) For Navy Members. BUPERS WASHINGTON DC// and add the following codes, PERS275 on all messages, PERS40 for enlisted members, and PERS4S for officer members.

(3) For Marine Corps Members. CMC WASHINGTON DC//MM/HS//.

(c) Casualty Reports. Upon receipt of notification of hospitalization, commands will prepare casualty reports per reference (b).

CHAPTER V

AUTHORIZED CARE

1. Authorized Care. Any care, which a licensed health care provider deems necessary, will be considered for approval and funding under this program. Such care includes, but is not limited to, initial consultation, diagnostic testing (i.e., laboratory, radiology, and pathologic studies), hospital inpatient and outpatient care, surgery, physical and occupational therapy, dental care, eye examinations and refractions, and other procedures approved by BUMED. Authorized care includes:

a. Ambulances. If civilian ambulance service is medically required, it will be funded by MEDDEN Affairs, however, if a Navy MTF orders the ambulance, the costs are the responsibility of the ordering MTF.

b. Competency for Duty Examination. In the event a CO, OIC, or designated authority needs to order a competency for duty examination on a member within their command, MEDDEN Affairs will fund the examination in a DVA medical center or clinic, or civilian medical facility. Any laboratory work the member consents to have performed will also be funded.

c. Dental Care. Restorative, oral surgical, and other procedures to relieve pain and suffering will be funded without prior approval. All other dental care which exceeds the treatment encounter threshold or the annual maximum requires prior approval as outlined in chapter II, paragraph 1b(2)(b).

d. Drug and Alcohol Rehabilitation

(1) Before administrative separation, as directed by the Bureau of Naval Personnel (BUPERS), members considered by a medical officer or Counseling and Assistance Center (CAAC) evaluation to be drug or alcohol dependent must be afforded the opportunity to receive a minimum of 30 days inpatient treatment at a Level III treatment facility. Members who have received Level III treatment (whether successfully completed or not) within the past 3 years will not be eligible for Level III treatment before separation. Refer to reference (c) for further information.

(2) Active duty members, who received alcohol rehabilitation at a military facility, are not authorized aftercare in the civilian community.

e. Durable Medical Equipment. Durable medical equipment will only be authorized for funding with prior approval.

f. Emergency Care. Situations that require immediate intervention, such as acute psychiatric episodes, or to prevent the loss of life, limb, sight, body tissue, or to prevent undue suffering, including dental treatment of painful or acute conditions.

g. Eye Care. Eye care, including contact lenses, refractions and examinations, spectacles, and intraocular lenses, will be provided only under limited circumstances and with prior approval. In addition:

(1) Contact lenses will not be initially funded by this program. In an emergency situation, a lost or damaged contact lens can be replaced if the member has no backup eyeglasses or lenses to replace the one that is lost or damaged.

(2) One comprehensive eye examination (including refraction) per year is authorized when military facilities are not available, the last eye examination results are over a year old, and prior approval has been given.

(3) When a member has no suitable spectacles and the lack thereof, combined with the delay in obtaining suitable ones from a Federal source would prevent performance of duty, repair, replacement, or procurement from a civilian source may be authorized with prior approval. Otherwise, the prescription from the refractionist with proper facial measurements must be sent for fabrication to the appropriate dispensing activity in reference (d).

(4) Intraocular lenses are funded only with prior approval.

h. Home Health Services. Requires prior approval which identifies professional services, medications, therapy, supplies, and equipment needs. The name, address, and the telephone number of the agency also must be provided. The approval of home health services must be re-evaluated each 30-day period.

i. Maternity Care

(1) All maternity care requires written prior approval. This care includes prenatal care, inpatient care for delivery, post partum care, laboratory tests, medications, and ultrasounds as required. Servicewomen who reside outside a 40-mile radius of a military inpatient facility will be covered by MEDDEN Affairs for maternity care. Further information concerning the Department of the Navy policy on pregnancy may be found in reference (e).



(2) Per reference (f), servicewomen may be granted "leave to return home (or other appropriate place) for the birth or other maternity care, . . ." It should be noted that approval of such leave by the servicewoman's commanding officer does not constitute approval of payment for maternity care. Prior approval for civilian maternity care must be obtained before going on maternity leave, otherwise the servicewoman can be held liable for payment of the care.

(a) The following additional information is required for a maternity prior approval request:

1. Member's expiration of active obligated service (EAOS) and PRD.
2. Estimated date of delivery.
3. Plans for discharge before delivery.
4. Provider of care.
5. Estimated costs to include physician prenatal and delivery charges, hospital fees, lab tests, ultrasounds, and other fees.
6. Location of nearest MTF to member's residence.

(b) Maternity care provided by certified nurse midwives, who work in a group practice which includes physicians, will be approved for uncomplicated, routine maternity care.

(c) Tubal ligations are not an authorized procedure unless it is determined by a physician, in writing, that a future pregnancy might endanger the life of the mother and the procedure is to be completed at the time of the delivery.

(d) Amniocentesis testing will be prior approved only when medically indicated by the member's physician.

j. Mental Health Services. Given prior approval, mental health services, ordered by a licensed health care provider and provided by an authorized provider can only be funded for the initial evaluation and from one to four followup counseling sessions.

k. Nicotine Patch or Gum. Nicotine patches or gum require prior approval and will only be approved in conjunction with a formal smoking cessation program. The member must also:

(1) Have a licensed physician order the antismoking aid as part of the treatment.

(2) Attempt to obtain the antismoking aid from an MTF.

(3) Be counselled that use of nicotine gum and patches is for a one-time course of treatment.

Special Note: If payment is required for a formal smoking cessation program, it is at the individual's own expense.

l. Nonemergency Care. Routine or nonemergent care that does not meet the blanket approval authority criteria must have prior approval before care can be authorized and payment of claims made. (See chapter III, paragraph 1b(1), to obtain prior approval).

m. Organ Transplants and Donations. When an active duty member requires a bone marrow or organ transplant, MEDDEN Affairs and the appropriate naval hospital will coordinate with the Director, Army Transplant Services, Walter Reed Army Medical Center (WRAMC), Washington DC 20307-5000 at commercial (202) 576-1462/3 or DSN 291-1462/3, or the Department of Surgery, Wilford Hall, United States Air Force Medical Center (WHMC/SGHSG), Lackland Air Force Base, TX 78236-5300, at commercial (512) 670-6516 or DSN 554-6516. Transplants for members residing outside of the transplant centers' catchment area may be approved by BUMED, and if approved, funded by MEDDEN Affairs. Additional guidance can be found in reference (g).

Special Note: Members wishing to donate an organ or bone marrow should refer to reference (g). The Nonnaval Health Care Program does not cover medical expenses when donation is involved.

n. Physical Examinations

(1) When a Navy or Marine Corps member is required to have a physical examination, the listed portions of that examination may be obtained at a DVA medical center or clinic. All other required examinations or tests, not mentioned below, must be performed by an appropriate military health care provider.

(a) Laboratory Studies (excluding DoD-mandatory human immunodeficiency virus (HIV) testing).

Special Note: DoD-required HIV tests must be submitted to an MTF for processing. Contact the nearest MTF or Reserve center (with Reserve medical staff capabilities) to seek assistance in submitting laboratory samples through appropriate channels. If

further guidance or assistance is required, contact the HIV Program Coordinator in Washington, DC at DSN 295-6590 or commercial (301) 295-6590.

- (b) Chest x-rays.
- (c) Electrocardiograms.
- (d) Audiograms.
- (e) Pap smears and mammograms.
- (f) Eye examinations.
- (g) Dental examinations or screenings.

(2) Civilian sources are not authorized for ancillary tests.

(3) The actual physical examination must be performed by either a military physician or a civilian physician contracted by the military to perform physical examinations in an MTF.

CHAPTER VI

UNAUTHORIZED CARE

1. Unauthorized Care. The items listed below are not authorized under the program. This care is the responsibility of the nearest MTF. Unauthorized care includes:

- a. Breast reduction or augmentation, including implants.
- b. Chiropractic services.
- c. Cosmetic surgery.
- d. Contact lenses. (For further information refer to chapter V, paragraph 1g(1) of this instruction.)
- e. Court ordered care.
- f. Drug and alcohol rehabilitation by civilian providers, including alcohol treatment aftercare.
- g. Experimental procedures and medications.
- h. Hearing aids or batteries.
- i. Infertility workups, In vitro fertilization and genetic testing, unless genetic testing is performed in conjunction with a spouse's infertility workup.
- j. Marriage and family therapy and counseling.
- k. Nonprescription medications and supplies.
- l. Organ donation, which includes all care and services directly related to the harvest of, or donation of, an organ.
- m. Orthodontic care, except as outlined in reference (h).
- n. Private duty nurses.
- o. Referral care, which includes supplemental care or care received through referral by an MTF or DTF or a DVA medical center or clinic where a resource sharing agreement exists.
- p. Transportation costs related to outpatient treatment or rehabilitation are unauthorized. Such costs are the responsibility of the patient's parent command per reference (i).

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q. Tubal ligations are unauthorized unless it is determined by a physician, in writing, that a future pregnancy might endanger the life of the mother and the procedure is completed at the time of the delivery. Prior approval is required.

r. Vasectomies, including followup sperm counts.

s. Weight reduction programs.

## CHAPTER VII

### UNUSUAL CASES, EXCEPTIONS, AND APPEAL PROCEDURES

#### 1. Unusual Cases, Exceptions, and Appeal Procedures

##### a. Family Advocacy Program (FAP)

(1) All perpetrators of spouse or child maltreatment, including child sexual abuse and incest, will be officially accounted for as part of the Navy's FAP. Civilian medical treatment for active duty perpetrators will be funded by the MTF when determined to be needed.

Special Note: Limited counseling by a civilian professional will be allowed on a case-by-case basis for active duty members.

(2) Except in the case of child sexual abuse or incest, every effort will be made to treat active duty perpetrators using the staffs of the local FAP or MTF before expending funds for civilian medical or professional care. Perpetrators of child sexual abuse or incest must be treated at an appropriately accredited sexual offender program.

(3) When a request or claim for treatment for an active duty perpetrator of spouse or child maltreatment comes to the attention of MEDDEN Affairs, the member's commanding officer and family advocacy representative (FAR) will be contacted to determine if the member is part of the FAP.

##### b. Appeal Procedures

(1) When MEDDEN Affairs denies a claim or written request for prior approval, the member or member's command will be promptly notified by letter. When a verbal request for a prior approval is denied, the member or the member's command may mail or send a facsimile letter with additional information. Level I appeal represents the initial adjudicating authority. Any level in the appeal process may overrule the previous decision and order payment of the claim in whole or in part. Appeals must be made in the following sequence to the appropriate level as outlined below:

(a) Level I. Officer in Charge, MEDDEN Affairs, P.O. Box 886999, Great Lakes, IL 60088-6999.

(b) Level II. Assistant Chief for Health Care Operations, (MED-03), Bureau of Medicine and Surgery, 2300 E Street, NW, Washington, DC 20372-5300.

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(c) Level III. Chief, Bureau of Medicine and Surgery, (MED-00), 2300 E Street, NW, Washington, DC 20372-5300 (final level of appeal).

(2) Inpatient claims that require a portion of the payment to be costed under the Diagnostic Related Groups (DRG) Program must be coordinated with a fiscal intermediary (FI). Civilian providers requesting appeal must initially forward the entire package to MEDDEN Affairs. MEDDEN Affairs will be responsible for coordination of the appeal review. If, after review by the FI, the provider remains dissatisfied with the reimbursement amount, the provider has the option to forward the entire package to the Chief, Bureau of Medicine and Surgery, (MED-13), 2300 E Street, NW, Washington, DC 20372-5300, for review and decision.

c. Finance, Interest, and Copy Charges. These charges are not reimbursable under the program.

## CHAPTER VIII

### MEDICAL COGNIZANCE AND CASE MANAGEMENT

1. Medical Cognizance and Case Management. Quality medical cognizance and case management is the basis upon which this program is established. Medical liaison personnel must assist each member with sensitivity and dedication because they are usually the only link between the member, their family, and command. An inpatient admission can be a traumatic experience and liaison personnel need to do everything in their power to assist in returning the member to full military control, at the earliest possible time, and to assist the patient and family with any needs or concerns they may have.

a. CONUS. MEDDEN Affairs will coordinate and track all CONUS, including Alaskan, Canadian, and Mexican medical cognizance and case management functions.

b. OCONUS. In foreign countries, medical liaison will pass from the first notified U.S. representative to the nearest naval MDR, or to one of the MTFs listed in appendix D. MEDDEN Affairs or BUMED (MED-311) are always available for assistance. Refer to appendix B for telephone numbers.

c. Primary Medical Cognizance Responsibilities. In general, the naval hospital nearest to the patient will assume primary medical cognizance, with MEDDEN Affairs acting in a support and assistance role. Primary medical cognizance responsibilities include, but are not limited to:

(1) Providing initial report to MEDDEN Affairs and other interested parties (e.g., BUPERS, CMC, parent command, etc.) with the information in Appendix E.

(2) Assigning medical liaison (secondary cognizance) to the naval facility nearest to the patient in the case of Navy personnel, or Marine Corps facility in the case of Marine Corps personnel. If the patient is hospitalized in the local area of the MTF with primary medical cognizance, the MTF assumes the additional role of medical liaison.

(3) Conducting at least weekly status checks on the patient's progress with the hospital once stable. Daily checks should be made as long as the patient is unstable.

(4) Contacting the medical liaison (secondary cognizance) at least weekly to learn the results of visits with patients and families to assist in resolution of any problems voiced by the patient or family members.



(5) Coordinating the member's transfer to an MTF, DVA medical center, or other approved civilian facility capable of providing adequate services, as expeditiously as practical.

(6) Preparing update messages as required, or every 5 working days, to MEDDEN Affairs. For initial reporting and subsequent updating of cases use the format in Appendix E.

(7) Initiating medical board proceedings per reference (j). The medical board will remain the responsibility of the initial cognizant hospital, regardless of subsequent transfers, when it is anticipated that a member will not return to full duty within 30 days.

Special Note: Members admitted to a DVA medical center for head or spinal cord injuries must be given first priority for the completion, submission, and close monitoring of the medical board process.

(8) Coordinating the completion of line of duty investigations (LODIs) by the member's command or unit designated to be forwarded to the naval MTF processing the medical board. Cognizant hospitals will continue to track, manage, and report on the patient until he or she is discharged from the hospital to the Temporary or Permanent Disability Retired List or returned to duty. It is not acceptable to stop medical cognizance because a patient is awaiting orders.

Special Note: If an MTF makes a reasonable attempt to acquire an LODI, reasonable meaning two weekly messages with no response, and one message to the superior of the command responsible for the LODI, the medical board and copies of the LODI message requests can be forwarded to the Physical Evaluation Board (PEB) for medical board processing.

(9) Initiating an incapacitation board when a member demonstrates impairment of judgment, secondary to a psychiatric disorder, or other conditions (i.e., closed head injury). A mental incapacitation determination may result from temporary or permanent physical or mental conditions as a result of injury or disease.

(a) Incapacitation boards accomplished at civilian hospitals must be forwarded to the nearest MTF with psychiatric capability for review and endorsement before sending it to the Office of the Judge Advocate General. The board must be signed by three physicians, one of which must be a psychiatrist.

(b) The requirement for this incapacitation board is in addition to, and separate from, medical board procedures. Due to pay stoppage, which automatically occurs in the case of these

patients, the incapacitation board and member's page 2 of the Service Record will be faxed immediately upon completion to the:

Office of the Judge Advocate General  
200 Stovall Street, Code 323  
Alexandria, VA 22332-2400

FAX: Commercial (202) 325-9152 or DSN 221-9152

(c) A copy of the incapacitation board results will be sent to the naval MTF processing the medical board as soon as complete.

(10) Assuming accounting control on all long-term or medical-board eligible patients. The PSD supporting the naval MTF will assign accounting control for Navy personnel, while the instructor-inspector (I-I) staff nearest the patient's location will assign accounting control for Marine Corps personnel. The naval hospital with primary cognizance will coordinate this action.

d. Secondary Medical Cognizance (Medical Liaison) Responsibilities. The medical liaison is responsible for visiting the patient in the hospital at least weekly and reporting to the MTF with primary medical cognizance information obtained as a result of visits. The medical liaison should be an E7 or above. Medical liaison responsibilities include:

(1) Visiting the patient within 24 hours of admission (or within 24 hours of being assigned as medical liaison) and at least weekly thereafter.

(2) Providing assistance to patients with administrative or personal matters, as needed, including pay discrepancies.

(3) Providing assistance to family member's present in addressing any concerns or questions they have about the treatment and potential disposition. (It is recognized that individuals assigned as medical liaison may not have a medical background. If the patient or family members express concern with medical care the patient is receiving at the hospital, encourage the patient or family member to discuss these concerns with the attending medical staff, if they have not already done so. Report their concerns to the naval MTF with primary medical cognizance.)

e. Post Treatment Disposition. Members who complete treatment before their medical boards are completed or who can complete treatment on an outpatient basis will remain under the administrative control of the MTF, with medical cognizance, until final disposition. While many MTFs are not staffed to provide clinical care to these kinds of patients, i.e., long-term

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rehabilitation or psychiatric care, it is imperative that administrative control be maintained to ensure appropriate and expeditious processing which culminates either in return to duty or discharge.

Special Note: MEDDEN Affairs must be notified of the status of these patients (Appellate leave, convalescent leave, subsisting out, home awaiting orders, etc.) to maintain continuity of payment if additional medical care is required.

f. Refusal of a Member to Move to or Use a Federal Facility.  
Should movement to a Federal facility be refused by a member or the member's family, payment will be denied by MEDDEN Affairs for all care.

CHAPTER IX

SUPPLEMENTAL CARE AND FUNDING RESPONSIBILITIES

1. Nonnaval Health Care Program Funding Responsibilities

a. MTF and DTF

(1) Supplemental care for active duty Navy or Marine Corps members includes all inpatient and outpatient care which augments the capability of the MTF or DTF treating the member. If a patient is admitted or treated on an outpatient basis at a naval MTF or DTF, all supplemental care referrals are the financial responsibility of the referring facility, regardless of whether the facility is organized or authorized to provide the needed health care. The cost of such care is chargeable to operation and maintenance, Navy (OM,N) funds available for the operation of the MTF or DTF requesting the care, regardless of the service affiliation of the member.

(2) An MTF or DTF provider may request health care from civilian sources if the care requested is necessary for the proper case management and treatment of the service member (i.e., specialized diagnostic tests, consultations, etc.). The cost of that care becomes the responsibility of the referring facility in all cases where the military member crosses the naval MTF or DTF threshold. Their responsibility to pay includes but is not limited to:

(a) All care the service member receives as part of a contractual agreement between the MTF or DTF and civilian providers.

(b) Ambulance service that the referring MTF or DTF requests for transportation of the service member from their facility to another facility.

(c) All obstetrical and gynecological care for Navy or Marine Corps active duty members residing within 40 miles of the MTF.

Special Note: Maternity care costs of servicewomen who reside outside a 40-mile radius of a military inpatient facility, will be paid by MEDDEN Affairs.

b. Adjudicating Authority. Adjudicating authorities are listed in appendix B and are responsible for the adjudication and processing of civilian and Department of Veterans Affairs (DVA) health care claims received by eligible Navy or Marine Corps active duty members. This includes the following categories of care:

(1) Emergency medical or dental care, regardless of catchment area, provided the member was not referred by a naval MTF or DTF.

(2) Nonemergency medical or dental care outside catchment areas, provided blanket authority guidelines were followed or prior approval was obtained before care was rendered.

(3) Specialized care (spinal cord, head injuries, and blind rehabilitation) included in a Department of Defense/Department of Veterans Affairs (DoD/DVA) Memorandum of Understanding (MOU).

(4) All other approved or authorized care included in DoD/DVA resource sharing agreements negotiated by the adjudicating authority.

(5) Care received through referral by Army or Air Force MTFs or DTFs, except facilities with inpatient capacity.

(6) Dental care for service members in remote areas covered under blanket approval.

(7) All medical or dental cases regulated by GPMRC.

(8) Obstetrical care when the active duty member resides beyond the 40-mile radius of an inpatient military MTF.

c. BUMED. BUMED approves funds for payment of the following:

(1) Costs incurred in the care and management of transplantation of organ recipient cases.

(2) Medical or dental care provided to foreign active duty military members delineated in chapter I, paragraph 1e.

CHAPTER X  
RESPONSIBILITIES

1. Responsibilities

a. Active Duty Members. At a minimum, active duty members shall perform the following functions:

- (1) Use Federal facilities for their care when available.
- (2) Notify parent commands of nonnaval admissions.
- (3) Request approval for all nonemergency care, exceeding blanket approval authority and when Federal facilities are not available before obtaining such care.
- (4) Submit their health care claims to their adjudicating authority (refer to appendix B) via their command's MDR within 10 working days of receipt of bills. It is the member's responsibility to ensure payment is made. Submission of all itemized bills must include the Nonnaval Health Care Claim Form, NAVMED 6320/10 (Rev. 6-94), appendix C. Requirements for reimbursement must be supported with a signed SF 1164, Claim for Reimbursement for Expenditures on Official Business (appendix F).
- (5) Obtain copies of civilian health care treatment records for inclusion in their military health record.
- (6) Failure to comply with these procedures will result in denial of Navy financial responsibility for expenses of the medical and dental care obtained. To maintain good personal credit and good community relations, each active duty Navy and Marine Corps member will follow the guidance and procedures in this instruction.

b. Medical Department Representative (MDR). At a minimum, the MDR shall perform the following functions:

- (1) Inform members of the availability of treatment facilities and providers within the Federal health care system and of the members' responsibility to use those facilities and providers whenever possible.
- (2) Assist members with claims submission and appeal procedures.
- (3) When necessary, interface with providers, parent commands, and the appropriate adjudicating authority on behalf of the member.

(4) Report all inpatient admissions to MEDDEN Affairs for in CONUS admissions or one of the points of contact listed in appendix D for OCONUS admissions for the effective tracking of service member in nonnaval health care facilities.

(5) Maintain appropriate files and records for case management, continuity of care, and followup purposes.

(6) Assist members in the preparation of prior approval requests.

c. MTF and DTF. At a minimum, the MTF and DTF shall perform the following functions:

(1) Assist in the submission of nonnaval health care claims for those members for which they provide primary medical support (i.e., emergency civilian care).

(2) Pay for all nonnaval health care for members referred by the MTF or DTF regardless of their mission or organizational ability to provide the required care. This includes, but is not limited to:

(a) All nonemergency care within their catchment area.

(b) All care resulting from DoD/DVA sharing agreements negotiated by naval MTFs or DTFs.

(3) Initiate the appropriate transfer of patients requiring care beyond their capability through GPMRC.

(4) Act as primary cognizance for all members hospitalized in nonnaval health care facilities (see chapter VIII, paragraph 1c).

(5) Assume administrative cognizance for members hospitalized in nonnaval health care facilities, interacting with respective PSDs and the member's parent command.

(6) Initiate and finalize medical boards regardless of where the patient is transferred. The first naval hospital assigned primary medical cognizance is responsible for the medical board.

(7) Report all members hospitalized in nonnaval health care facilities in CONUS, Alaska, Canada, and Mexico to MEDDEN Affairs.

d. Member's Parent Command. Parent commands are responsible for the health and welfare of all members under their cognizance. Their responsibilities include, but are not limited to:

(1) Notifying MEDDEN Affairs for all CONUS admissions and the nearest medical point of contact, as listed in appendix D, for all OCONUS admissions. Using the casualty reporting system, notify Chief of Naval Personnel (CHNAVPERS) of all members hospitalized in nonnaval health care facilities worldwide.

(2) Designating a command representative to review the form and sign block 18 of the NAVMED 6320/10 to ensure that the command is aware that the member used civilian health care, and that the member was in an approved duty status at the time care was given.

(3) Initiating LODIs as soon as possible to expedite processing of medical boards.

(4) For commands with blanket approval authority the following responsibilities apply:

(a) Report all CONUS inpatient admissions to MEDDEN Affairs, Great Lakes, IL. Report all OCONUS inpatient admissions to the appropriate adjudicating authority in appendix D.

(b) Update original admission notification in instances where the member has sought health care in a military facility and the facility has referred the member to a civilian provider. In those cases, the naval MTF will be liable for the expenses incurred by the member (see chapter IX, paragraph 1a(2)). The command will also notify the adjudicating authority of unusual cases, since those cases may require additional approval beyond the funding limit authorized under blanket approval authority.

e. Adjudicating Authority. At a minimum, the adjudicating authority shall perform the following functions:

(1) Manage, direct, coordinate, and exercise supervisory and technical control in administering the processing of claims under the program.

(2) Notify local PSDs or disbursing offices of active duty admissions to civilian and DVA medical centers so that subsistence charges can be recouped.

(3) Perform the adjudicating and processing of civilian and DVA health care claims received by eligible Navy and Marine Corps members.



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(4) Monitor the admissions and inpatient stays of active duty Navy or Marine Corps personnel to nonnaval health care facilities and assign primary cognizance responsibilities to ensure the members' expeditious return to naval MTFs, expeditious processing of medical boards, or return to duty.

f. BUMED. At a minimum, BUMED will perform the following functions:

(1) The Assistant Chief for Health Care Operations (MED-03) is responsible for program oversight. Direct communication is authorized for case and policy management between MEDDEN Affairs and the Director, Operations Division (MED-31). MED-31 may be reached at DSN 762-3151 or commercial (202) 762-3151. In addition, the BUMED duty office has a 24-hour watch at DSN 762-3211 or commercial (202) 762-3211.

(2) The Assistant Chief, Resource Management and Comptroller (MED-01) is responsible for the formulation of a budget necessary to appropriately fund the program. Direct communication is authorized for case and policy management between MEDDEN Affairs and the Deputy Comptroller (MED-01B).

g. Chief, BUMED. The Chief, BUMED provides overall policy development for the program and provides the resources necessary to effectively execute the program.

## CHAPTER XI

### CLAIMS SUBMISSION, PAYMENT PROCEDURES, AND RESPONSIBILITIES

#### 1. Claims Submission, Payment Procedures, and Responsibilities.

All nonnaval health care claims not covered under the MTF's or DTF's Supplemental Health Care Program are to be submitted to the appropriate adjudicating authority for payment. Appendix B lists the appropriate adjudicating authorities for CONUS and OCONUS.

a. Active Duty Member. Active duty Navy and Marine Corps members are responsible for the proper and timely submission of claims for the expeditious payment to providers. When members receive nonnaval health care, the following procedures are to be followed:

(1) The member must obtain an itemized bill for all services received. A few examples of these bills include hospitalization, pharmacy, physical therapy, radiology, and other ancillary services. The claim cannot be processed in a timely manner without these documents.

(2) A NAVMED 6320/10, Nonnaval Health Care Claim Form (appendix C), shall be completed for each episode of care. This form shall be filled out in its entirety, and the member and a certifying official must sign the form.

Special Note: A certifying official may be an MDR, health benefits advisor, or a senior officer. A certifying official may not sign for his or her own claim. The certifying official's signature validates the NAVMED 6320/10, and ensures the patient's health record reflects the civilian treatment received. Retired or discharged patients who are submitting claims for treatment received while on active duty should submit a copy of their Certificate of Discharge or Release from Active Duty (DD 214), page 4 instead of a certifying official's signature.

(3) If the member has paid the provider and is seeking reimbursement, the following additional documentation is required:

(a) Paid receipts, copies of cancelled checks (both sides), paid invoices showing a zero balance, credit card receipts, etc., shall accompany the claim.

(b) An SF 1164, Claim for Reimbursement for Expenditures on Official Business, appendix F, shall be included. The form shall contain the member's original signature in block 10 when the member paid for his or her care.

(4) The member shall forward the original and three copies of the documents listed above to the appropriate adjudicating authority.

b. Certifying Official. The certifying official is a vital link in the claims filing procedure. The certifying official:

(1) Verifies treatment received.

(2) Ensures that each civilian medical and dental claim is accompanied by an itemized bill which provides a clinical code from Physicians Current Procedural Technology (CPT-4), International Classification of Diseases (ICD-9-M), or American Dental Association (ADA) code for each procedure or line item, or which clearly states the type of civilian care received. Invoices must be prepared by providers of care and billed on the provider's billing letterhead. The Navy will not pay bills from a third party such as a collection agent or lawyer. All civilian hospital bills for admissions must be submitted on a Universal Billing Form (UB-92). This form is available from the hospital billing office. Specific information required on each bill includes:

(a) Patient's name and social security number.

(b) Dates of services.

(c) Description of each service or supply.

(d) Charge for each service or supply.

Special Note: Separate billings must be submitted for inpatient and outpatient charges. In the event of a maternity case, the newborn dependent's claims are to be forwarded to CHAMPUS for payment. In the event of multiple births, a separate UB-92 is required for each birth. CHAMPUS may waive the cost-sharing provisions of the newborn dependent's bill for up to 3 days of inpatient stay. Refer to reference (k).

(3) Signs NAVMED 6320/10 in block 18.

(4) Ensures a copy of record of treatment is entered in the member's health record.

(5) Assists the member in the proper submission of their claim.

c. Adjudicating Authority. The adjudicating authority shall review and process properly completed claims and forward approved claims to the respective Defense accounting office within 30 days after receipt. MEDDEN Affairs is not authorized to pay interest or late charges. The adjudicating authority will also:

(1) Carefully review each claim submitted for payment or reimbursement to verify whether or not:

(a) The member was entitled to benefits (i.e., was on active duty, active duty for training, was not an unauthorized absentee, etc.). As required by reference (a), a Defense Eligibility Enrollment Reporting System (DEERS) check must be performed on all claims.

(b) Care rendered was due to a bona fide emergency.

(c) Prior approval was granted if a bona fide emergency did not exist or that an exception should be granted.

(d) Care rendered was authorized under the provisions of this instruction.

(e) Care rendered was appropriate for the specific condition treated.

(f) Patient was referred for civilian or DVA care from a military MTF.

(2) All claims (except DVA) shall be forwarded to contract FI's for price coding.

(3) After careful review, the claims are approved for payment and forwarded to the respective Defense accounting office where payment will be sent to the provider or reimbursement to the member will occur.

(4) All no-fault insurance or third party liability claims, with the potential for third party liability (Medical Care Recovery Act) or involving no-fault insurance, shall be forwarded to the servicing naval legal service office (NLSO) by the adjudicating authority.

(5) MEDDEN Affairs is not authorized to reimburse private insurance companies; however, they are authorized to pay unpaid balances where only partial payments were made. These balances will be subject to DRG review.

(6) MEDDEN Affairs is not authorized to reimburse members for any portion of their claims which were previously paid by their private insurance.

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APPENDIX A

ABBREVIATIONS AND ACRONYMS

ACDUTRA	Active Duty Training
ADA	American Dental Association
BCNR	Board for Correction of Naval Records
BUMED	Bureau of Medicine and Surgery
BUPERS	Bureau of Naval Personnel
CAAC	Counseling and Assistance Center
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CMC	Commandant of the Marine Corps
CONUS	Continental United States
CPT-4	Current procedural technology
DEERS	Defense Eligibility Enrollment Reporting System
DoD	Department of Defense
DRG	Diagnostic Related Group
DTF	Dental Treatment Facility
DVA	Department of Veterans Affairs
EAOS	Expiration of Active Obligated Service
FAP	Family Advocacy Program
FAR	Family Advocacy Representative
FI	Fiscal Intermediary
GPMRC	Global Patient Movement Requirements Center
ICD-9-M	International Classification of Diseases - 9th Edition
I-I	Inspector-Instructor
LODI	Line of Duty Investigation
MDR	Medical Department Representative
MEDDEN Affairs	Naval Office of Medical and Dental Affairs
MTF	Medical Treatment Facility
MOU	Memorandum of Understanding
NATO	North Atlantic Treaty Organization
NLSO	Naval Legal Service Office
NOE	Notice of Eligibility
NROTC	Naval Reserve Officer Training Corps
OCONUS	Outside the Continental United States
OM,N	Operations and Maintenance, Navy
PEB	Physical Evaluation Board
PRD	Projected Rotation Date
PSD	Personnel Support Detachment
TAD	Temporary Additional Duty
TMJ	Temporomandibular Joint Dysfunction
UA	Unauthorized Absentee
UB-92	Universal Billing Form
WHMC/SGHSG	Wilford Hall, United States Air Force Medical Center
WRAMC	Walter Reed Army Medical Center



APPENDIX B

NONNAVAL HEALTH CARE PROGRAM ADJUDICATING AUTHORITIES

1. Within the Continental United States (CONUS):

The 48 contiguous United States (does not include Hawaii),  
the District of Columbia, and Alaska:

Officer in Charge  
MEDDEN Affairs  
P.O. Box 886999  
Great Lakes, IL 60088-6999  
DSN 792-3950 Commercial (847) 688-3950  
Toll Free: 1-800-876-1131  
Message PLAD: MEDDEN AFFAIRS GREAT LAKES IL

2. Outside of the Continental United States (OCONUS):

Europe, Africa, and the Middle East:

Director  
Office of Civilian Health and Medical  
Program of the Uniformed Services (OCHAMPUSEUR)  
APO New York 09102  
DSN 371-2633 Commercial 011-49-6221-342322  
Message PLAD: OCHAMPUSEUR HEIDELBERG GE

Australia, New Zealand and Guam:

Commanding Officer  
U.S. Naval Hospital (GUAM)  
PSC 490, Box 7607  
FPO AP 96538-1600  
DSN 344-9249 Commercial (671) 344-9425  
Message PLAD: NAVHOSP GU

Afghanistan, Bangladesh, Hong Kong, India, Nepal, Pakistan,  
Philippines, Southeast Asia, Sri Lanka, Taiwan, Japan, Korea  
and Okinawa:

Commanding Officer  
U.S. Naval Hospital (Yokosuka)  
PSC 475, Box 1  
FPO AP 96350-1000  
DSN 243-7144 Commercial 011-81-311-734-5252  
Message PLAD: NAVHOSP YOKOSUKA JA

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Puerto Rico, Bermuda, the Virgin Islands, and other  
Caribbean Islands:

Commanding Officer  
U.S. Naval Hospital (Roosevelt Roads)  
FPO Miami 34051  
DSN 831-4406 Commercial 809-865-5922/3/4/5  
Message PLAD: NAVHOSP ROOSEVELT ROADS PR

Central and South America:

Officer in Charge  
CINCLANTFLT DET SOUTH  
Unit 6249  
FPO AA 34061-1000  
DSN 282-4400 Commercial 011-507-283-3283  
Message PLAD: CINCLANTFLT DET SO FT AMADOR

Hawaii, Midway Island, and the Central Pacific Basin:

Civilian Medical Care:

Commanding Officer  
Naval Medical Clinic  
Box 121  
Pearl Harbor, HI 96860-5080  
Commercial (808) 474-4410  
Message PLAD: NAVMEDCLINIC PEARL HARBOR HI

Civilian Dental Care:

Commanding Officer  
Naval Dental Center  
Box 111  
Pearl Harbor, HI 96860-5000  
Commercial (808) 474-4410  
Message PLAD: NAVDENCEN PEARL HARBOR HI

Mexico and Canada:

Chief, Bureau of Medicine and Surgery  
2300 E Street, NW (MED-311)  
Washington, DC 20372-5300  
DSN 762-3149 Commercial (202) 762-3149  
Message PLAD: BUMED WASHINGTON DC//311//

APPENDIX C

Nonnaval Health Care Claim Form

1. Patient Name <b>Sholz, Tom</b>	2. Rank/Rate <b>ENS</b>	3. Social Security No. <b>123-45-6789</b>	4. Birthdate <b>1 Jan 55</b>	5. Date Filed <b>21 Jun 95</b>
6. Patient Home Address <b>1600 Pennsylvania Ave</b> Street <b>Boston</b> <b>MA</b> <b>00123</b> City State Zip		7. Current Duty Station <b>BUMED</b> Command <b>2330 E. St NW</b> Street <b>Washington</b> <b>DC</b> <b>20372</b> City State Zip		
8. <input checked="" type="checkbox"/> USN <input type="checkbox"/> USNR* <input type="checkbox"/> USMC <input type="checkbox"/> USMCR* <input type="checkbox"/> Retired/Discharged (send copy of DD 214, pg 4) <input type="checkbox"/> Other (explain) _____				
*If illness/injury occurred while on drill, annual, or inactive duty training, submit a copy of drill record, SF 600, orders, muster sheet, or leave and earning statement. After completion of active duty period, treatment from civilian health care providers requires NOE (Notice of Eligibility), and prior approval from MEDDEN Affairs.				
9. When you received treatment, were you <input checked="" type="checkbox"/> Leave <input type="checkbox"/> Liberty <input type="checkbox"/> UA <input type="checkbox"/> Terminal Leave <input type="checkbox"/> Appellate Leave (Send copy of appellate leave papers and military ID card (front and back)). Dates From: <b>1 Jun 95</b> To: <b>12 Jun 95</b>				
10. Cause of injury or illness <input checked="" type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Assault <input type="checkbox"/> Other _____		11. Place of injury or illness <input type="checkbox"/> Recreational activity <input type="checkbox"/> Non-Government job <input checked="" type="checkbox"/> Other <b>drove off cliff</b>		
12. Emergency <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Blanket Approval <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Prior Approval issued by MEDDEN Affairs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Prior approval number: _____		
13. Were you seen as a patient by a "military" medical or dental treatment facility (MTF or DTF) for this condition before obtaining treatment from a civilian health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, provide dates: _____				
14. Did the MTF or DTF refer you to the civilian health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, name of referring MTF or DTF: _____				
15. Diagnosis (what were you treated for) <b>Fractured fibula, neck injury, sprained clavicle</b>				
16. Name of Provider <b>Georgetown University</b>		Dates of Treatment <b>11 Jun 95</b>		Charges: <b>\$6,400</b>
17. Have bills been paid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom <b>service member</b> If member paid, submit SF 1164 Claim for Reimbursement with the member's original signature and proof of payment (e.g., receipt or front and back of canceled check).				
18. Patient's signature authorizes release of health care records related to this injury or illness to MEDDEN AFFAIRS. Signatures validate information provided.				
Patient's Signature <i>Tom Sholz</i>		Home Phone Number <b>202-653-1103</b>		Work Phone Number <b>202-653-1129</b>
Certifying Official's Printed Name <b>G. RAFT, CAPT, MSC, USN</b> (MEDREP, HBA or a Senior Officer)		Certifying Official's Signature <i>G. RAFT</i>		Phone Number <b>202-653-1102</b>

Nonnaval Health Care Claim Form Information

1. Purpose of form. This form is used by eligible members of the U.S. Navy or Marine Corps, including reservists (on active duty or in training) to request payment or reimbursement for inpatient and/or outpatient medical or dental services provided by civilian healthcare providers.

2. When to file claim form. Submit claims immediately after treatment. Claims returned to the command or member for additional information must be submitted within 60 days or they will be closed. Closed claims may be reopened for consideration on a case-by-case basis. Delay in submitting claims could affect a member's credit rating.

3. Who fills out the form? Patients are responsible for completing NAVMED 6320/10. For assistance, contact your command medical representative (MEDREP). If the patient or MEDREP need further assistance, contact the Naval Office of Medical/Dental Affairs at OSN 792-3950, commercial 708-688-3950, or toll free 1-800-876-1131.

4. What documents must you provide? Send the original and two copies of NAVMED 6320/10 and itemized bills. Balance due bills are not acceptable. Bills submitted on provider's letterhead must contain:

Providers name, address, and provider's tax identification number  
Patient's name, SSN and date of birth  
Date services or supplies were provided  
Description of each service or supply  
Charge for each service or supply

Submit inpatient institutional bills on Uniform Billing (UB) 92 form (payer copy).

5. What information must be provided? Most of the information on this form is self-explanatory. Answer each item. If the information requested does not apply to the patient, indicate N/A (not applicable). An incomplete form will cause delays in processing and payment of your claim.

6. How a member gets reimbursed (SF 1164). If payment was made directly to the Healthcare provider by the patient or representative, the patient must submit a Claim for Reimbursement for Expenditures on Official Business (SF 1164). Include the itemized bill and proof of payment (front and back of canceled check, receipt, or itemized bill showing a zero balance). Patient's original signature must be provided in block 10 of the SF 1164.

7. Who must sign the NAVMED 6320/10? The patient and a certifying officer must sign. A certifying officer may be a MEDREP, health benefits advisor, or a Senior Officer. A certifying officer may not sign for his or her own claim. The certifying officer's signature validates the NAVMED 6320/10 and ensures the patient's health record reflects the civilian treatment received. Retired or discharged patients who are submitting claims for treatment received while on active duty should submit a copy of their DD 214 (page 4) in lieu of a certifying officer's signature.

8. Where to file the claim. Submit completed NAVMED 6320/10 with itemized bills and supporting documentation to: Officer in Charge, MEDDEN AFFAIRS, P.O. Box 886999, Great Lakes, IL 60088-6999.

Privacy Act Statement

Sections 6201, 6202, and 6203 of title 10 to the U.S. Code authorized collection of this information. The purpose of this information is to evaluate eligibility for civilian health benefits and to issue payment upon verification of eligibility. MEDDEN AFFAIRS uses the information to process health care claims for payment; for review of claims related to possible third party liability cases and initiation of recovery actions; for referral to professional review organizations to control and review providers medical care; for disclosure to third party contacts without the consent of the individual, to respond to inquiries from congressional offices made at the request of the covered individual; and for medical boards. Information must be provided if you expect to have the claim paid by the Government. Failure to provide information will result in denial or delay in payment of the claim.

APPENDIX D

OCONUS POINTS OF CONTACT

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GUAM, MARIANAS

Commanding Officer  
U.S. Naval Hospital  
PSC 490, Box 7695  
FPO AP 96538-1600  
MSG PLA: NAVHOSP GU  
E-MAIL: gam@bumed30.med.navy.mil  
Telephone Prefix: Commercial (671) 344-  
DSN 344-  
Extensions:           24 Hour Number:       9340  
                  24 Hour Fax:           9746  
                  Patient Admin:       9727/9286  
                  Patient Admin Fax: 9746

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GUANTANAMO BAY, CUBA

Commanding Officer  
U.S. Naval Hospital  
PSC 1005, Box 36  
FPO AE 09593-0136  
MSG PLA: NAVHOSP GUANTANAMO BAY CU  
E-MAIL: gan@bumed30.med.navy.mil  
Telephone Prefix: Commercial 011-5399-  
DSN 564-4063 (ask for extension)  
Extensions:           24 Hour Number:       7236  
                  24 Hour Fax:           2840  
                  Patient Admin:       2665  
                  Patient Admin Fax: 2840

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KEFLAVIK, ICELAND

Commanding Officer  
U.S. Naval Hospital  
PSC 1003, Box 8  
FPO AE 09728-0308  
MSG PLA: NAVHOSP KEFLAVIK IC  
E-MAIL: kef@bumed30.med.navy.mil  
Telephone Prefix: Commercial 011-354-25-  
DSN 450-  
Extensions:           24 Hour Number:       3300  
                  24 Hour Fax:           3203  
                  Patient Admin:       3200  
                  Patient Admin Fax: 3203

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NAPLES, ITALY

Commanding Officer  
U.S. Naval Hospital  
PSC 810, Box 19  
FPO AE 09619-0700  
MSG PLA: NAVHOSP NAPLES IT  
E-MAIL: nhnaples@nah10.med.navy.mil  
Telephone Prefix: Commercial 011-39-81-724-  
DSN 625-  
Extensions: 24 Hour Number: 4872  
24 Hour Fax: 011-34-81-762-7482  
Patient Admin: 4845  
Patient Admin Fax: 3735

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OKINAWA, JAPAN

Commanding Officer  
U.S. Naval Hospital  
PSC 482  
FPO AP 96362-1600  
MSG PLA: NAVHOSP OKINAWA JA  
E-MAIL: oki@bumed30.med.navy.med  
Telephone Prefix: Commercial 011-81-611743-  
DSN 643-  
Extensions: 24 Hour Number: 7555  
24 Hour Fax: 7591  
Patient Admin: 7395  
Patient Admin Fax: 7591/7448

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ROOSEVELT ROADS, PUERTO RICO

Commanding Officer  
U.S. Naval Hospital  
PSC 1008, Box 3007  
FPO AA 34051-8100  
MSG PLA: NAVHOSP ROOSEVELT ROADS PR  
E-MAIL: rrrh@bumed30.med.navy.mil  
Telephone Prefix: Commercial (809) 865-  
DSN 831-  
Extensions: 24 Hour Number: 5767  
24 Hour Fax: 5719  
Patient Admin: 5923  
Patient Admin Fax: 5878

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ROTA, SPAIN

Commanding Officer  
U.S. Naval Hospital  
PSC 819, Box 18  
FPO AE 09645-2500  
MSG PLA: NAVHOSP ROTA SP  
E-MAIL: rth@rth10.med.navy.mil  
Telephone Prefix: Commercial 011-3456-82-  
DSN 727-  
Extensions:           24 Hour Number:       3305  
                  24 Hour Fax:           3306  
                  Patient Admin:       3552  
                  Patient Admin Fax: 3306

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SIGONELLA, SICILY

Commanding Officer  
U.S. Naval Hospital  
PSC 824, Box 2670  
FPO AE 09627-2670  
Message PLAD: NAVHOSP SIGONELLA IT  
E-MAIL: 192.207.179.200  
Telephone Prefix: Commercial 011-39-95-56-  
DSN 624-  
Extensions:           24 Hour Number:       3842  
                  24 Hour Fax:           011-39-95-713-0026  
                  Patient Admin:       4841  
                  Patient Admin Fax: 4884

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YOKOSUKA, JAPAN

Commanding Officer  
U.S. Naval Hospital  
PSC 475, Box 1  
FPO AP 96350-1600  
MSG PLAD: NAVHOSP YOKOSUKA JA  
Telephone Prefix: Commercial 011-81-311-743-  
DSN 243-  
Extensions:           24 Hour Number:       7144  
                  24 Hour Fax:           7291  
                  Patient Admin:       5252  
                  Patient Admin Fax: 7287

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APPENDIX E

INFORMATION FORMAT FOR REPORTING HOSPITALIZED MEMBERS

All messages should info the following commands: BUMED Washington DC//311//, BUPERS Washington DC//663//, or CMC Washington DC//MNP-10//, the member's duty station (both receiving and gaining commands in cases of patients under PCS orders) and upper echelon commands, the Navy or Marine Corps regional casualty assistance coordinating command where the member is hospitalized and where the next of kin resides, and the medical liaison's activity.

INITIAL REPORT OF CASE

1. NAME: Last, First, Middle (or initial).
2. SSN.
3. GRADE OR RATE AND SERVICE: (e.g., PFC/USMC, BM2/USN).
4. DUTY STATION: List both gaining and receiving commands in cases of members hospitalized while executing PCS orders. Also indicate whether the parent command has been notified of the admission.
5. STATUS AT TIME OF HOSPITALIZATION: (e.g., duty, UA, deserter, leave, liberty, etc.)
6. ADMITTING HOSPITAL AND TELEPHONE NUMBER.
7. ADMISSION DATE.
8. PHYSICIAN NAME AND TELEPHONE (CONDITION/PROGNOSIS/EPOH).
9. NEXT OF KIN NOTIFIED, NAME, ADDRESS, AND TELEPHONE NUMBER.
10. TRANSFER PLANS.
11. DIAGNOSIS-ICD-9 CODE.



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UPDATING CASES

- |  |                                |
|--|--------------------------------|
| 1. NAME, SSN, AND GRADE OR RATE                                | 8. DATE MED BD TYPED           |
| 2. PATIENT LOCATION  | 9. LODI REQUESTED (yes or no)  |
| 3. DUTY STATION  | 10. MSG DTG TO CMD REQ LODI    |
| 4. DATE OF ADMISSION   | 11. LODI RECEIVED              |
| 5. MED BD INDICATED (yes or no)                                | 12. DATE MED BD MAILED TO CPEB |
| 6. DATE NARRATIVE SUMMARY AND<br>COMPETENCY STATEMENT RECEIVED | 13. DATE CPEB REQUEST ADDENDUM |
| 7. DATE MED BD DICTATED  | 14. DATE ADDENDUM FWD TO CPEB  |

Note: Each line item must be addressed: Eleven items for reporting cases and fourteen items for updates.



### 6. EXPENDITURES—Continued

[illegible]

Total each column and enter on the front subform and

In compliance with the Privacy Act of 1974 the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 55 as implemented by the Federal Travel Regulations (41 CFR 101-7), E.O. 11809 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 28 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine permit or reimbursement to enable individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by the agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943 for use as a taxpayer and/or employee identification number. Disclosure is MANDATORY on vouchers claiming payment or reimbursement which is or may be taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

STANDARD FORM 104 BACK (REV 11-77)

**APPLICATION FOR CORRECTION OF MILITARY RECORD  
UNDER THE PROVISIONS OF TITLE 10, U.S. CODE, SECTION 1552**  
(Please read instructions on reverse side BEFORE completing application.)

Form Approved  
OMB No. 0704-0003  
Expires Mar 31, 1993

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0003), Washington, DC 20503. Please DO NOT RETURN your form to either of these addresses. Send your completed form to the appropriate address shown on reverse.

**Privacy Act Statement**

**AUTHORITY:** Title 10 US Code 1552, EO 9397.

**PRINCIPAL PURPOSE:** To initiate an application for correction of a military record. The form is used by Board members for review of pertinent information in making a determination of relief through correction of a military record.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to provide identifying information may impede processing of this application. The request for Social Security number is strictly to assure proper identification of the individual and appropriate records.

**1. APPLICANT DATA**

a. BRANCH OF SERVICE (X one)	(1) ARMY	(2) NAVY	(3) AIR FORCE	(4) MARINE CORPS	(5) COAST GUARD
b. NAME (Last, First, Middle Initial) (Please print)	c. PRESENT PAYGRADE	d. SERVICE NUMBER (If applicable)	e. SOCIAL SECURITY NUMBER		

2. TYPE OF DISCHARGE (If by court-martial, state type of court.)	3. PRESENT STATUS, IF ANY, WITH RESPECT TO THE ARMED SERVICES (Active duty, Retired, Reserve, etc.)	4. DATE OF DISCHARGE OR RELEASE FROM ACTIVE DUTY
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5. ORGANIZATION AT TIME OF ALLEGED ERROR IN RECORD	6. I DESIRE TO APPEAR BEFORE THE BOARD IN WASHINGTON, D.C. (No expense to the Government) (X one) <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO
--	---

7. COUNSEL (If any) a. NAME (Last, First, Middle Initial)	b. ADDRESS (Street, City, State and Zip Code)
--	---

8. I REQUEST THE FOLLOWING CORRECTION OF ERROR OR INJUSTICE:

9. I BELIEVE THE RECORD TO BE IN ERROR OR UNJUST IN THE FOLLOWING PARTICULARS:

10. IN SUPPORT OF THIS APPLICATION I SUBMIT AS EVIDENCE THE FOLLOWING: (If Veterans Administration records are pertinent to your case, give Regional Office location and Claim Number.)

**11. ALLEGED ERROR OR INJUSTICE DATA**

a. DATE OF DISCOVERY	b. IF MORE THAN THREE YEARS SINCE THE ALLEGED ERROR OR INJUSTICE WAS DISCOVERED, STATE WHY THE BOARD SHOULD FIND IT IN THE INTEREST OF JUSTICE TO CONSIDER THIS APPLICATION
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12. APPLICANT MUST SIGN IN ITEM 16. IF THE RECORD IN QUESTION IS THAT OF A DECEASED OR INCOMPETENT PERSON, LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY APPLICATION. IF APPLICATION IS SIGNED BY OTHER THAN APPLICANT, INDICATE RELATIONSHIP OR STATUS BY MARKING APPROPRIATE BOX.

☐ a SPOUSE ☐ b WIDOW ☐ c WIDOWER ☐ d NEXT OF KIN ☐ e LEGAL REP ☐ f OTHER (Specify)

13. I MAKE THE FOREGOING STATEMENTS, AS PART OF MY CLAIM, WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILLFULLY MAKING A FALSE STATEMENT OR CLAIM. (U.S. Code, Title 18, Sec. 287, 1001, provides a penalty of not more than \$10,000 fine or not more than 5 years imprisonment or both.)

14. COMPLETE CURRENT ADDRESS, INCLUDING ZIP CODE (Applicant should forward notification of all changes of address.)	DOCUMENT NUMBER (Do not write in this space)
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15. DATE SIGNED	16. SIGNATURE (Applicant must sign here)
-----------------	--

## INSTRUCTIONS

(All data should be typed or printed)

- |   |  |
|---|--|
| <ol style="list-style-type: none"> <li>1. For detailed information see:<br/>             Air Force Regulation 31-3<br/>             Army Regulation 15-185<br/>             Coast Guard, Code of Federal Regulations<br/>                 Title 33, Part 52<br/>             Navy, NAVEXOS P-473, as revised</li> <li>2. Submit only original of this form.</li> <li>3. Complete all items. If the question is not applicable, mark "None."</li> <li>4. If space is insufficient, use "Remarks" or attach additional sheet.</li> <li>5. Various veterans and service organizations furnish counsel without charge. These organizations prefer that arrangements for representation be made through local posts or chapters.</li> <li>6. List all attachments and enclosures.</li> </ol> | <ol style="list-style-type: none"> <li>7. <u>ITEMS 6 AND 7.</u> Personal appearance of you and your witnesses or representation by counsel is not required to ensure full and impartial consideration of applications. Appearances and representations are permitted, at no expense to the Government, when a hearing is authorized.</li> <li>8. <u>ITEM 8.</u> State the specific correction of record desired.</li> <li>9. <u>ITEM 9.</u> In order to justify correction of a military record, it is necessary for you to show to the satisfaction of the Board, or it must otherwise satisfactorily appear, that the alleged entry or omission in the record was in error or unjust. Evidence may include affidavits or signed testimony of witnesses, executed under oath, and a brief of arguments supporting application. All evidence not already included in your record must be submitted by you. The responsibility for securing new evidence rests with you.</li> <li>10. <u>ITEM 11.</u> 10 U.S.C. 1552b provides that no correction may be made unless request is made within three years after the discovery of the error or injustice, but that the Board may excuse failure to file within three years after discovery if it finds it to be in the interest of justice.</li> </ol> |
|---|--|

### MAIL COMPLETED APPLICATIONS TO APPROPRIATE ADDRESS BELOW

ARMY	NAVY AND MARINE CORPS	COAST GUARD	AIR FORCE
<p><b>(For Active Duty Personnel)</b>                      Army Board for Correction of Military Records                      Department of the Army                      Washington, DC 20310-1803</p> <p><b>(For Other than Active Duty Personnel)</b>                      CO. USARPERCEN (PAS-AA)                      9700 Page Blvd.                      St. Louis, MO 63132-5200</p>	<p>Board for Correction of Naval Records                      Department of the Navy                      Washington, DC 20370-5100</p>	<p>Chairman                      Board for Correction of Military Records (C-60)                      Department of Transportation                      400 7th St., SW                      Washington, DC 20590</p>	<p>Board for Correction of Air Force Records                      AFMPC/DPMD0A1                      Randolph AFB, TX 78150-6001</p>

17. **REMARKS** (Applicant has exhausted all administrative channels in seeking this correction and has been counseled by a representative of his/her servicing military personnel office. (Applicable only to active duty and reserve personnel.))